## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	ons.						
CURRENT CORRESPONDEN	ICE ADDRESS (Note: Use Bl	No Fe paj	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26874 7	590 07/01	/2008	•••				
FROST BROW	N TODD LLC	16	Certificate of Mailing or Transmission				
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201 E. FIFTH STREET				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CINCINNATI, O	H 45202	. [	(Перо				
						<u>-</u>	(Signature)
							(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/674,236	10/674,236 09/29/2003		Frederick E. Shelton IV	IV END5126.051736		17368	1885
TITLE OF INVENTION:	SURGICAL STAPLIN	G INSTRUMENT HAVI	NG MULTISTROKE FI	RING WITH OPEN	ING LOCKOUT		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL I	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	<u> </u>	1740	10/01/2008
EXAMIN	VER	ART UNIT	CLASS-SUBCLASS	7			
NASII, BR	IAN D	3721	227-175100	_			
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the	patent front page, lis	st	Eroct Br	rown Todd LLC
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/	122) attached.	l					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Ethicon Endo-Surgery, Inc. Cincinnati, Ohio							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🖵 Government							
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	.,,	A check is enclosed.					
Publication Fee (No		<ul> <li>∑ Payment by credit card. Form PTO-2038 is attached.</li> <li>∑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2226 (enclose an extra copy of this form).</li> </ul>					
Advance Order - # 6	or Copies		overpayment, to Dep	osit Account Number	er <u>06-2226</u>	e(s), any de (enclose a	n extra copy of this form).
5. Change in Entity Statu			D				
a. Applicant claims			b. Applicant is no lo				
interest as shown by the re-	cords of the United Sta	tes Patent and Trademark	Office.	the applicant; a regi	stered attorney or	agent; or th	e assignee or other party in
Authorized Signature	at !	32C		Date	Sept. 9	3,2	<b>008</b>
Typed or printed nameAndrew B. Ulmer			Registration N	io. <u>57,003</u>			
Adexandria, viiginia 22313	-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (					by the USPTO to process) g gathering, preparing, and ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,